



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/671,393	FILING DATE 09/27/2000 RULE	CLASS 358	GROUP ART UNIT 2622 2624	ATTORNEY DOCKET NO. XER-2-0318
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## APPLICANTS

Caurav Sharma, Webster, NY ;  
 Keith T. Knox, Rochester, NY ;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 11/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

Albert P Sharpe III Esq  
 Fay Sharpe Fagan Minnich & McGee LLP  
 1100 Superior Avenue  
 7th Floor  
 Cleveland, OH 44114-2518

## TITLE

Show-through compensation apparatus and method

FILING FEE RECEIVED 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

## FILE COPY

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Bib Data Sheet

CONFIRMATION NO. 7084

SERIAL NUMBER 09/671,393	FILING DATE 09/27/2000 RULE	CLASS 358	GROUP ART UNIT 2622 2624	ATTORNEY DOCKET NO. XER-2-0318
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## APPLICANTS

Gaurav Sharma, Webster, NY;  
 Keith T. Knox, Rochester, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/200,984 11/30/1998 *MJ*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None JAS*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 11/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no						
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after						
Verified and Acknowledged	<i>James Thompson</i> <i>JL</i> Examiner's Signature Initials						
STATE OR COUNTRY	NY	SHEETS DRAWING	7	TOTAL CLAIMS	23	INDEPENDENT CLAIMS	3

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## TITLE

Show-through compensation apparatus and method

FILING FEE RECEIVED 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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